

Consent for Services by Authorizing Agent(s)

NAME OF DECEDENT <i>(first, middle, last)</i>			DATE
DATE OF DEATH	PLACE OF DEATH	DATE OF BIRTH	SEX

The term "Authorizing Agent" or "Authorizing Agents," used throughout, refers to the individual or individuals retaining the right to control disposition as established by N.J.S.A. 3B:10-21.1 and N.J.S.A. 45:27-22. Authorizing Agent(s) may include an appointed funeral agent, an individual so appointed by a court of competent jurisdiction, and/or an individual meeting the criteria set forth by N.J.S.A. 45:27-22.

Authority of Authorizing Agent(s)

The decedent was a military service member who died while on active duty and has authorized the individual listed on his or her United States Department of Defense Record of Emergency Data (DD Form 93) or its successor form, to control his or her funeral and disposition, as provided by N.J.S.A. 45:27-22.

Name: _____

The decedent appointed an authorized funeral agent in a will or New Jersey Cemetery Board approved form as provided by N.J.S.A. 3B:10-21.1 and N.J.S.A. 45:27-22. This form does not itself constitute an appointment of a funeral agent. *(If no funeral agent is designated, proceed to Authorizing Agent(s) box below.)*

Name: _____

I/We hereby certify that the following individual(s) claim the right to control the funeral and disposition of the decedent as an Authorizing Agent(s), as set forth by N.J.S.A. 45:27-22:

• Spouse, civil union partner or registered domestic partner. Yes No Name: _____
*(Separated spouses **should** be listed. Divorced former spouses **should not** be listed.)*

• If no spouse, civil union partner or registered domestic partner, proceed to biological and legally adopted children of the decedent. *(Do not include step-children. Additional names may be attached, with complete information, on a separate sheet.)*

Children over 18 years old? Yes No List Names: _____

How many? _____ Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

• If no children over 18 years old, proceed to biological or legally adoptive parents of the decedent. *(Do not include step-parents.)*

Parent(s)? Yes No List Names: _____

How many? _____ Name: _____

• If no parents, proceed to siblings. List biological siblings and those related by adoption.

(Do not include step-brothers or step-sisters. Additional names may be attached, with complete information, on a separate sheet.)

Sibling(s)? Yes No List Names: _____

How many? _____ Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

• If no siblings, state name and relationship of authorizing party.

Name: _____ Relationship to Decedent: _____

I/We certify that I am/we are related as stated above, have charge of the body and as such possess full legal authority and power, according to the laws of the State of New Jersey, to execute the authorization form.

Initial _____

Check and initial only if applicable:

I am/we are aware of a person or persons with a higher priority right to control the funeral and disposition as noted above and:

- The individual has/individuals have relinquished the right to control (See attached executed relinquishment documentation) **Initial** _____
- A reasonable attempt to notify was unsuccessful (See attached Reasonable Attempt to Notify/Medical Incapacity Attestation Addendum) **Initial** _____
- The individual has/individuals have been deemed medically incapable or medically incapacitated by a licensed physician (See attached Reasonable Attempt to Notify/Medical Incapacity Attestation Addendum) **Initial** _____

In accordance with state law,

I/we arrange for the funeral and:

- disposition of the remains of the decedent by means other than cremation. **Initial** _____
- cremation and disposition of cremated remains of the decedent. **This form alone does not itself constitute a cremation authorization. If cremation services are selected, our funeral home requires that a Cremation Authorization Addendum MUST be completed, signed and attached to this Consent for Services form in order to authorize cremation.** **Initial** _____

In addition, I am/we are aware of no objection to these arrangements by any spouse, civil union or registered domestic partner, child, parent, or sibling specified, whose right to control disposition supersedes mine/ours as established by N.J.S.A. 45:27-22. **Initial** _____

I/We authorize this Funeral Home to perform the funeral arrangements of the decedent in accordance with the terms outlined in the accompanying Statement of Funeral Goods and Services Selected. **Initial** _____

Indemnification

As the Authorizing Agent(s), I/we hereby agree to indemnify, defend, and hold harmless the Funeral Home, its officers, agents, and employees of and from any and all claims, demands, causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs, and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transported to the Funeral Home, claims brought by any other person(s) claiming the right to control the disposition of the decedent, or any other action performed by the Funeral Home, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence. **Initial** _____

Signature of Authorizing Agent(s)

By executing this form, as the Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce the Funeral Home to arrange for the final disposition of the body of the decedent, and that the undersigned have read and understand the provisions contained in this form, acknowledging and agreeing with every provision initialed by the authorizing agent(s). (Additional names may be attached, with complete information, on a separate sheet.)

Executed at (Funeral Home) _____ this _____ day of _____, 20_____.

NAME	SIGNATURE	DATE
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ADDRESS (street, city, state, zip)		
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TELEPHONE NUMBER	RELATIONSHIP TO DECEDENT
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NAME	SIGNATURE	DATE
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ADDRESS (street, city, state, zip)		
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NAME	SIGNATURE	DATE
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ADDRESS (street, city, state, zip)		
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TELEPHONE NUMBER	RELATIONSHIP TO DECEDENT
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NAME OF FUNERAL DIRECTOR AS WITNESS	SIGNATURE	DATE
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